Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV` 08/01/2012)

Calendar Year: Entity Name:	2013 Providence Reg	ional Medical C	enter Everett					
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	of W-2 and/or 1099 N (ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
1 Preston Simmons	Х		327,192	362,233	8,717	44,501	22,518	765,16
² Kim Williams			218,508	41,585	32,500	21,865	19,352	333,810
³ Sheri Feeney			225,957	21,374	0	24,215	19,386	290,93
4 Tom Brennan			223,294	44,187	4,327	28,978	19,124	319,91
⁵ Darren Redick			172,135	22,456	0	19,490	18,872	232,95
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Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J http://www.irs.gov/pub/irs-pdf/i990sj.pdf

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814 Fax: (360) 753-4135 email: hos@doh.wa.gov